



PENNSYLVANIA ASSOCIATION OF SCHOOL NURSES AND PRACTITIONERS &  
NATIONAL ASSOCIATION OF SCHOOL NURSES

1100 Wayne Ave, Ste 925, Silver Spring, MD 20910

Toll Free: 1-866-NASN-SNS (866-627-6767) FAX 301-585-1791

NASN: <http://www.nasn.org> & PASNAP <http://www.pasnnap.org/>



Type of membership:

- ☐ Renew  
☐ New

NASN ID if known: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial/name: \_\_\_\_\_

Last name: \_\_\_\_\_

RN License#: \_\_\_\_\_

LPN/LVN License#: \_\_\_\_\_

State of License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Credentials: \_\_\_\_\_ (The following order of credentials is recommended: Highest earned degree, mandated requirements (i.e. licensure), state designations or requirements, national certifications, awards and honors, other certifications.)

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State/Province: \_\_\_\_\_ Home Postal Code: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work City: \_\_\_\_\_ Work State/Province: \_\_\_\_\_ Work Postal Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Telephone [W] (\_\_\_\_\_) [ext] \_\_\_\_\_ [H]: (\_\_\_\_\_) [Cell]: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) Preferred e-mail: \_\_\_\_\_

Primary address: ☐ Home ☐ Work

Gender: ☐ Male ☐ Female

Union Affiliation: ☐ NEA ☐ AFT

**BILLING FREQUENCY SELECTION (check one):** ☐ Annual ☐ Quarterly (method of payment **must** be credit card)

**Annual Billing:** Amounts below paid in full for one membership year.

**Quarterly Billing:** Amounts below plus a 5% annual installment fee automatically deducted from the financial institution every three months and continuing into the next membership year unless NASN is notified to terminate the dues.

- ☐ 125.00 **ACTIVE** - Registered Professional Nurse having as their primary assignment, the administration, education or the provision of school health services and eligible for Active membership in state school association.
- ☐ 110.00 **ASSOCIATE** - Registered Professional Nurse not eligible for Active membership, but who serves a school as a school nurse.
- ☐ 115.00 **MEMBER-AT-LARGE** - Persons who hold a special interest in or who are working with NASN and who do not fit into any other membership classification including LVNs and LPNs.
- ☐ 65.00 **STUDENT** - **Submit proof of enrollment in program with membership form.** Be enrolled in a nursing program to meet requirements to become a school nurse, or a student not currently a nurse in a nursing program. Maximum of five years of student membership allowed. Be ineligible for student membership if requirements to be a school nurse have been completed and are pursuing further education. (Not granted for those with previous Active membership status.)
- ☐ 70.00 **RETIRED** - Any Active member, upon retirement shall be eligible, upon notification to NASN.
- ☐ 160.00 **CORPORATE/BUSINESS/PROFESSIONAL ORGANIZATION** - Organizations who desire to support the goals of NASN and whose members are not eligible for Active or Associate membership in NASN.

**SPECIAL INTEREST GROUPS (SIGs):**

- ☐ I want to be a member of the NASN Private and Parochial School Nurse SIG (no additional fee)
- ☐ I want to be a member of the NASN Consortium of School Nurse Educators SIG for members engaged in the work of educating school nurses (no additional fee)
- ☐ I want to be a member of the NASN Special Needs School Nurses SIG (no additional fee)

**AREA OF PRACTICE (check all that apply):**

- ☐ Elementary School Nurse ☐ School Nurse Educator ☐ Administrator, Coordinator or Supervisor
- ☐ State/Private Consultant ☐ Middle School Nurse
- ☐ Special Education Nurse ☐ High School Nurse ☐ Preschool Nurse

**METHOD OF PAYMENT:**

- ☐ Check enclosed made payable to NASN ☐ Purchase Order enclosed
- ☐ Charge my Credit Card (check one): MC\_\_\_\_ Visa\_\_\_\_ AmEx\_\_\_\_ Discover\_\_\_\_
- Credit Card No. \_\_\_\_\_
- Name as it appears on Card \_\_\_\_\_
- Exp. Date \_\_\_\_\_ Verification Value on back of card \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

**Make a Donation**

Please consider donating to an NASN fund.

*Check appropriate fund and enter an amount.*

☐ **Donate to NASN's General Fund**

Amount: \$ \_\_\_\_\_

☐ **Educational Advancement Scholarship Fund**

Amount: \$ \_\_\_\_\_

☐ **Endowment Fund**

Amount: \$ \_\_\_\_\_

Dues payments are not deductible as a charitable contribution under the Internal Revenue Code, but may be deductible under other provisions of the Code for Federal Income Tax purposes. Dues payments may be deductible by members as an ordinary and necessary business expense.

I understand that \$10 of the NASN Membership is for a subscription to *The Journal of School Nursing* for 1 year and \$2 of the NASN Membership is for a subscription to the *NASN School Nurse* for 1 year.

Signature \_\_\_\_\_

**For NASN Office Use Only**

CK# \_\_\_\_\_ Amount \$ \_\_\_\_\_